



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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August 21, 2008

Rex Redden, Administrator  
Idaho Falls Group Home #3 (Periska)  
P.O. Box 50457  
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #3 (Periska), provider # 13G045

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho Falls Group Home #3, on August 13, 2008.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

TB/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/19/2008  
FORM APPROVED  
OMB NO. 0938-0391

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|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13G045</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02</b><br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>IDAHO FALLS GROUP HOME #3 (PERISKA)</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>950 PERISKA WAY<br/>IDAHO FALLS, ID 83405</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
| K 000  | <p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story, type V (III) building built in 1990. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on August 13, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley<br/>Health Facility Surveyor<br/>Fire/Life Safety and Construction</p> | K 000   |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

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|--|--|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13G045</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02</b><br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>IDAHO FALLS GROUP HOME #3 (PERISKA)</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>950 PERISKA WAY<br/>IDAHO FALLS, ID 83405</b>                                |                          |  |
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| M 000  | <p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (III) building built in 1990. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on August 13, 2008. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, Residential Board &amp; Care Occupancies, Impractical Evacuation Capability in accordance with IDAPA 16.03.11</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley<br/>Health Facility Surveyor<br/>Fire/Life Safety and Construction</p> | M 000  |  |                          |  |

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